

10606-759

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE								
							APPLICANT(S)									
CLAIMS																
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1								51								
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47								97								
48								98								
49								99								
50								100								
TOTAL IND.							TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.							TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	